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FACSIMILE COVER SHEETTHIS MESSAGE HAS 11 PAGES INCLUDING THIS SHEETTO: Mail Stop Amendment - Commissioner for Patents - U.S. Patent OfficeFAX NO.: (571) 273-8300FROM: John P. MaldjianDATE: July 19, 2005MATTER: Serial No. 09/828,324 Filed: April 6, 2001DOCKET NO.: SAR 14209APPLICANT: Amin

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition
☐ Disclosure Statement & PTO-1449
☐ Priority Document
☐ Drawings (sheets) informal
☒ Response to Office Action dated 4/21/05

☒ Transmittal Letter
☐ Fee Transmittal (2 copies)
☐ Deposit Account Transaction
☒ Facsimile Transmission Certificate
dated July 19, 2005

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Name of person signing this certificateKatherine Faughnan 7/19/05
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PTO/SB/21 (09-04)

Approved for use through 07/31/2003. OMB 0351-0031

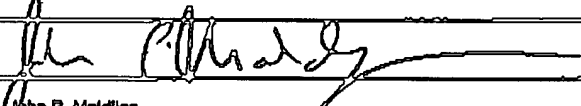
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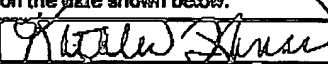
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/828,324
	Filing Date	4/8/01
	First Named Inventor	Amin
	Art Unit	2634
	Examiner Name	Cicely Q. Ware
Total Number of Pages in This Submission	Attorney Docket Number	SAR 14209

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission
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Typed or printed name	Kathleen Faughnan	Date	7-19-05

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